

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional docs references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		8/20/98
O.I.P.E. CLASSIFIER	10		8/24
FORMALITY REVIEW	CB	11098	8/31

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	12/9/99
Original	
1	✓ 2/1/00
2	✓ ✓ ✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓ ✓ ✓
6	✓ ✓ ✓ ✓ ✓ ✓
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23	✓ ✓ ✓ ✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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